

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

2015Department of the Treasury
Internal Revenue Service

For calendar year 2015 or other tax year beginning 10/01, 2015, and ending 09/30, 2016

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).Open to Public Inspection for
501(c)(3) Organizations Only

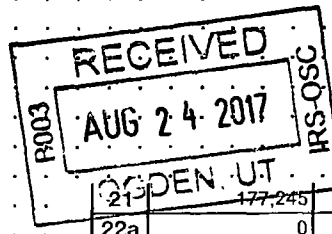
| | | | |
|---|----------------------|--|---|
| A <input type="checkbox"/> Check box if address changed | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) | D Employer identification number (Employees' trust, see instructions.) |
| B Exempt under section | | MEDICAL CENTER OF CENTRAL GEORGIA, INC. | 58-2149128 |
| <input checked="" type="checkbox"/> 501(c)(3) | | Number, street, and room or suite no. If a P.O. box, see instructions | E Unrelated business activity codes (See instructions.) |
| <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) | | 691 CHERRY STREET, 400 | 621500 561110 |
| <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) | | City or town, state or province, country, and ZIP or foreign postal code | |
| <input type="checkbox"/> 529(a) | | MACON, GA 31201 | |

C Book value of all assets at end of year
1,326,406.963**F** Group exemption number (See instructions.) ►**G** Check organization type ► ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity. ► LABORATORY, MANAGEMENT**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► ☒ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ► NAVICENT HEALTH, INC. 58-2149127**J** The books are in care of ► RHONDA S PERRY Telephone number ► (478) 633-1452**Part I Unrelated Trade or Business Income**

| | (A) Income | (B) Expenses | (C) Net |
|---|---------------------|--------------|-----------|
| 1a Gross receipts or sales 26,648,500 | | | |
| b Less returns and allowances 24,259,171 | | | |
| c Balance ► | 1c 2,389,329 | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 0 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 2,389,329 | | 2,389,329 |
| 4a Capital gain net income (attach Schedule D) | 4a 0 | | 0 |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b 0 | | 0 |
| c Capital loss deduction for trusts | 4c 0 | | 0 |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 0 | | 0 |
| 6 Rent income (Schedule C) | 6 0 | 0 | 0 |
| 7 Unrelated debt-financed income (Schedule E) | 7 0 | 0 | 0 |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | 8 25,200 | 25,200 | 0 |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 0 | 0 | 0 |
| 10 Exploited exempt activity income (Schedule I) | 10 0 | 0 | 0 |
| 11 Advertising income (Schedule J) | 11 0 | 0 | 0 |
| 12 Other income (See instructions, attach schedule) | 12 121,381 | | 121,381 |
| 13 Total. Combine lines 3 through 12 | 13 2,535,910 | 25,200 | 2,510,710 |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

| | |
|--|---------------------------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 0 |
| 15 Salaries and wages | 15 1,503,613 |
| 16 Repairs and maintenance | 16 27,198 |
| 17 Bad debts | 17 0 |
| 18 Interest (attach schedule) | 18 0 |
| 19 Taxes and licenses | 19 0 |
| 20 Charitable contributions (See instructions for limitation rules) | 20 0 |
| 21 Depreciation (attach Form 4562) | 21 177,245 |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a 0 22b 177,245 |
| 23 Depletion | 23 0 |
| 24 Contributions to deferred compensation plans | 24 0 |
| 25 Employee benefit programs | 25 56,409 |
| 26 Excess exempt expenses (Schedule I) | 26 0 |
| 27 Excess readership costs (Schedule J) | 27 0 |
| 28 Other deductions (attach schedule) | 28 2,552,848 |
| 29 Total deductions. Add lines 14 through 28 | 29 4,317,313 |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 (1,806,603) |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 0 |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 (1,806,603) |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 0 |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 (1,806,603) |



SCANNED AUG 24 2017

9-10

22

Part III Tax Computation

| | | |
|---|------------|---|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and. | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/> | | |
| b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/> | | |
| c Income tax on the amount on line 34 | 35c | 0 |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies | 39 | 0 |

Part IV Tax and Payments

| | | | |
|--|------------|--------|--------|
| 40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | 40a | | |
| b Other credits (see instructions) | 40b | | |
| c General business credit. Attach Form 3800 (see instructions) | 40c | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 40d | | |
| e Total credits. Add lines 40a through 40d | 40e | | 0 |
| 41 Subtract line 40e from line 39 | 41 | | 0 |
| 42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 42 | | 0 |
| 43 Total tax. Add lines 41 and 42 | 43 | | 0 |
| 44a Payments: A 2014 overpayment credited to 2015 | 44a | 17,301 | |
| b 2015 estimated tax payments | 44b | 30,000 | |
| c Tax deposited with Form 8868 | 44c | | |
| d Foreign organizations. Tax paid or withheld at source (see instructions) | 44d | | |
| e Backup withholding (see instructions) | 44e | | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 44f | | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="text"/> 0 Total | 44g | 0 | |
| 45 Total payments. Add lines 44a through 44g | 45 | | 47,301 |
| 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 46 | | |
| 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed | 47 | | 0 |
| 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid | 48 | | 47,301 |
| 49 Enter the amount of line 48 you want Credited to 2016 estimated tax <input type="checkbox"/> 0 Refunded <input type="checkbox"/> | 49 | | 47,301 |

Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | Yes | No |
|--|-----|-------------------------------------|
| 1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | <input checked="" type="checkbox"/> |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="text"/> \$ 0 | | |

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ☐

| | | | | | | | |
|---|-----------|---|--|---|----------|---|-------------------------------------|
| 1 Inventory at beginning of year | 1 | 0 | | 6 Inventory at end of year | 6 | 0 | |
| 2 Purchases | 2 | 0 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | 0 | |
| 3 Cost of labor | 3 | 0 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | | <input checked="" type="checkbox"/> |
| 4a Additional section 263A costs (attach schedule) | 4a | 0 | | | | | |
| b Other costs (attach schedule) | 4b | 0 | | | | | |
| 5 Total. Add lines 1 through 4b | 5 | 0 | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Rhonda S. Perry
Signature of officer

8/14/17
Date

EXECUTIVE VICE PRESIDENT/COO
Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name
W EDWARD PHILLIPS

Preparer's signature
W Edward Phillips

Date
8/14/17

Check ☐ if self-employed

PTIN
P00451499

Firm's name ☐ DRAFFIN & TUCKER, LLP

Firm's EIN ☐ 58-0914992

Firm's address ☐ PO BOX 71309, ALBANY, GA 31708-1309

Phone no (229) 883-7878

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(1)

(2)

(3)

(4)

Total

0

Total

0

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

0

Schedule E—Unrelated Debt-Financed Income (see instructions)**1. Description of debt-financed property****2. Gross income from or allocable to debt-financed property****3. Deductions directly connected with or allocable to debt-financed property****(a)** Straight line depreciation (attach schedule)**(b)** Other deductions (attach schedule)

(1)

(2)

(3)

(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)**5.** Average adjusted basis of or allocable to debt-financed property (attach schedule)**6.** Column 4 divided by column 5**7.** Gross income reportable (column 2 × column 6)**8.** Allocable deductions (column 6 × total of columns 3(a) and 3(b))

(1)

(2)

(3)

(4)

Enter here and on page 1, Part I, line 7, column (A).

Enter here and on page 1, Part I, line 7, column (B).

Totals ▶

0

0

Total dividends-received deductions included in column 8 ▶**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)****1.** Name of controlled organization**2.** Employer identification number**Exempt Controlled Organizations****3.** Net unrelated income (loss) (see instructions)**4.** Total of specified payments made**5.** Part of column 4 that is included in the controlling organization's gross income**6.** Deductions directly connected with income in column 5

(1) (SEE STATEMENT)

(2)

(3)

(4)

Nonexempt Controlled Organizations**7.** Taxable income**8.** Net unrelated income (loss) (see instructions)**9.** Total of specified payments made**10.** Part of column 9 that is included in the controlling organization's gross income**11.** Deductions directly connected with income in column 10

(1)

(2)

(3)

(4)

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

25,200

25,200

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | 0 | | | 0 |

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col (A). | Enter here and on page 1, Part I, line 10, col (B). | | | | Enter here and on page 1, Part II, line 26 |
| Totals | 0 | 0 | | | | 0 |

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | 0 | 0 | 0 | 0 | 0 | 0 |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cols 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|--|---|--|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0 | 0 | | | | 0 |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col. (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | 0 | 0 | | | | 0 |

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0 |

| Description | Amount |
|----------------------------------|----------------|
| Support | |
| (1) Support and Management | 76,525 |
| (2) Transcription/Other | 44,856 |
| Total | 121,381 |
| Total for Part I, Line 12 | 121,381 |

| Description | Amount |
|---------------------------------------|------------------|
| Lab Reference | |
| (1) LAB EXPENSE ALLOCATION | 1,577,505 |
| (2) OFFICE/OTHER EXPENSES | 5,301 |
| (3) MEDICAL SUPPLIES | 794,219 |
| (4) PROFESSIONAL FEES | 18,720 |
| (5) TELEPHONE | 7,667 |
| (6) CONTRACT SERVICES | 16,713 |
| (7) TRAVEL | 8,182 |
| (8) MAINT., SOFTWARE AND DUES | 2,960 |
| Total | 2,431,467 |
| Support | |
| (9) Support Services | 76,525 |
| (10) Transcription and Other Services | 44,856 |
| Total | 121,381 |
| Total for Part II, Line 28 | 2,552,848 |

Form 990T Part II, Line 31

Net Operating Loss Deduction Carryforward Schedule

| Year Generated | Amount Generated | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining | NOL Expires |
|----------------|------------------|----------------------------|-----------------------------|------------------|-------------|
| 2002 | 3,067,785 | 3,067,785 | | 0 | 2022 |
| 2003 | 1,259,379 | 682,939 | | 576,440 | 2023 |
| 2004 | 1,472,834 | 0 | | 1,472,834 | 2024 |
| 2009 | 108,292 | 0 | | 108,292 | 2029 |
| Totals | 5,908,290 | 3,750,724 | 0 | 2,157,566 | |

Form 990T Part III, Line 38

Alternative Minimum Tax

| Year Generated | Amount Generated | Amount Used in Prior Years | Amount Used in Current Year | Amount Remaining | NOL Expires |
|----------------|------------------|----------------------------|-----------------------------|------------------|-------------|
| 2001 | 1,704,566 | 1,704,566 | | 0 | 2021 |
| 2002 | 3,067,785 | 3,067,785 | | 0 | 2022 |
| 2003 | 1,259,379 | 281,575 | | 977,804 | 2023 |
| 2004 | 1,472,834 | 0 | | 1,472,834 | 2024 |
| Totals | 7,504,564 | 5,053,926 | 0 | 2,450,638 | |

**SCHEDULE O
(Form 1120)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.

OMB No 1545-0123

Name

Employer identification number

Medical Center of Central Georgia, Inc.

582149128

Part I Apportionment Plan Information

- 1 Type of controlled group:
- a ☒ Parent-subsidiary group
 - b ☐ Brother-sister group
 - c ☐ Combined group
 - d ☐ Life insurance companies only
- 2 This corporation has been a member of this group:
- a ☐ For the entire year.
 - b ☒ From 10/01, 20 15, until 09/30, 20 16.
- 3 This corporation consents and represents to:
- a ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.
 - b ☒ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending 09/30, 20 16, and for all succeeding tax years
 - c ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
 - d ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, 20_____, and for all succeeding tax years.
- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
- a ☐ Elected by the component members of the group.
 - b ☐ Required for the component members of the group.
- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- a ☐ No apportionment plan is in effect and none is being adopted.
 - b ☐ An apportionment plan is already in effect. It was adopted for the tax year ending _____, 20_____, and for all succeeding tax years.
- 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?
See instructions.
- a ☐ Yes.
 - (i) ☐ The statute of limitations for this year will expire on _____, 20_____.
 - (ii) ☐ On _____, 20_____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, 20_____.
 - b ☐ No. The members may not adopt or amend an apportionment plan.
- 7 Required information and elections for component members. Check the applicable box(es) (see instructions).
- a ☐ The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income
 - b ☒ The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
 - c ☐ The corporation has a short tax year that does not include December 31.